	PLEASE READ	ALL INSTRU	JCT <u>IO</u> NS	BEFORE C	OMPLET	ING THIS FORM	Л.	
· AP	PLICATION IS CHARACTER STATES	Ka Se	EPARTME Itherine Ha cretary of S DNOF CORPO	State		TIVISION OF	FILEU ARY OF STATE CORPORATIONS	
DOCUMENT # P0000054247  1. Corporation Name					OI NOV -7 PM 2:57			
PRO C	COURIER & MULTI SERV	ICE COMPA	ANY					
Principal Place of Business Mailing Add  1736 NORTHEAST 8TH STREET 1736 NORTH APARTMENT A APARTMENT HOMESTEAD FL 33033 HOMESTEAL			8TH STREET					
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New M. 3.5 New M. 12 Street P.O. Suite, Apt. #, etc. Suite, Apt. #, etc.			ation and ente ffice Address, I	f Applicable	Date Incorporated or Qualified     To Do Business in Florida     06/06/2000			
33034 Guntry Decle 3309			tead County	TL mi-Dade	5. FEI Number  65 10 43 2 9  Not Applied For  Not Applicable  6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
	and Street Addresses of Each Officer and/ Name of Officers	or Director (Florida )		rations must list at lea		0.1	Character 170	
Title(s)	2 and/or Directors	3				City / State / Zip		
PSTD	LAURENT, KARYNE	1/3	36 NUKIMEA	St 8th Street		HOMESTEAD FL 3303	\$ 	
v.P.	Etienne Joseph	P.	O Bex	900 <b>0</b> 99		Homestoad	El 330 <b>90</b>	
·					<u>6</u>	10004699 -11/29/01 ****550.00	01077006	
,	Name and Address of Current I	Registered Agent			9. Name and A	ddress of New Registere	d Agent	
					P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE CORAL GABLES FL 33134				Suite, Apt. #, Etc.				
				City	<u> </u>	Sta	Ite Zip Code	
	g appointed the registered agent of the abo				bligations of Secti	on 607.0505, F.S.		
Signature o Registered	Agent	GISTERED AGENT				Date		

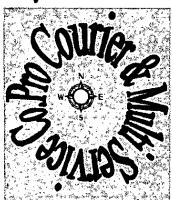
11.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SNAUHE AND TYPED OH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01 305-245-2674

CR2E040 (8/0



P.O. Box 900099 Homestead, FL-33090 Phone: 305-245-2674 Fax: 305-245-3813 Email: courier099@aol.com October 16, 2001

Department of State Division of Corporation Tallahassee, FL

Dear Sir or Madam:

On Saturday, October 13, 2001, I received via mail a form from stating that Pro Courier & Multi Service Company's corporation status had dissolved. On Monday, October 15, 2001, I called the phone number on the form that referred to call a number to another department. I spoke to a representative that informed me, the original money order I sent and a letter with an attached explanation, was returned to me on September 17 because there was a missing signature on the check. As of October 15, a month later, I had not yet received the returned money order she mentioned. She then advised me to return to my bank where I purchased the money order to have a stop payment made and furnish to the Department of State another check for the same amount for Pro Courier & Multi Service Company's corporation reinstatement.

Please find a check in the amount of \$550.00 (five hundred and fifty dollars) for the annual report filing for Pro Courier & Multi Service Company. Thank you for you cooperation in this matter. Should you require additional information, please feel free to call me at (305) 245-2674 Monday thru Friday at any time.

Sincerely,

Carvine A Laurent

President

Pro Courier & Multi Service Company